

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Drug Policy Action - Non Profit 501c4, Yes on Prop. 64			<b>Date of This Filing</b> 09/22/2016	Date Stamp   Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (510)679-2314	<b>I.D. NUMBER</b> (if applicable) 1385506		<b>Report No.</b> 644022-KL		
<b>STREET ADDRESS</b>			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001 (explain below)		
<b>CITY</b> Oakland	<b>STATE</b> CA	<b>ZIP CODE</b> 94612	<b>No. of Pages</b> 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/15/2016	Fund for Policy Reform (nonprofit 501 (c)(4)) New York, NY 10019  ID# 1385745	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,970,000.00
09/15/2016	Lawrence Hess San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Lehbros Limited, LLC	\$30,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

Update Contribution Information

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<b>STREET ADDRESS</b>					
<b>CITY</b> Oakland	<b>STATE</b> CA	<b>ZIP CODE</b> 94612			
			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001 (explain below)		
			<b>No. of Pages</b> 2		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Update Contribution Information